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FROM: Otis Littlefield
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DATE: June 16, 2005

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| Number of pages with cover page: | 5 | |
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RE: U.S. Patent Application Serial No. 09/623,543
For: LONG LASTING ANTI-ANGIOGENIC PEPTIDES
By: Dominique P. BRIDON
Your Reference: 2200
Our Reference: 50086-20022.00

ATTACHED DOCUMENTS:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate -- 2 pages)
3. Notice of Appeal (1 page)

COMMENTS:

Please see attached documents. Thank you.

sf-1951467

PTO/SS/21 (08-03)


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| | | | |
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| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> | | Application Number | 09/623,543 |
| | | Filing Date | September 6, 2000 |
| | | First Named Inventor | Dominique P. BRIDON |
| | | Art Unit | 1642 |
| | | Examiner Name | A. M. Harris |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 500862002200 |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Cover Sheet, not included in this page count |
| Remarks: _____ | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | MORRISON & FOERSTER LLP (Customer No. 20872) Otis Littlefield - Reg. No. 48,751 |
| Signature |  |
| Date | June 16, 2005 |

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| Dated: June 16, 2005 | Signature:  (Leah Kallen) |

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PTO/58/17 (12-04v2)

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| | | | |
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| Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171). FEE TRANSMITTAL For FY 2005 | | Complete If Known Application Number 09/623,543 Filing Date September 5, 2000 First Named Inventor Dominique P. BRIDON Examiner Name A. M. Harris Art Unit 1642 Attorney Docket No. 500862002200 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 250.00 | | | |

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| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|---|------------------|--------------------------------------|--------------------------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | Multiple Dependent Claims |
| -84 = 0 x 50 = 0.00 | | | | | | | Fee (\$) Fee Paid (\$) |
| -18 = 0 x 200 = 0.00 | | | | | | | 360 0.00 |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) Fee Paid (\$) | |
| - 100 = | | 150 | | (round up to a whole number) x | | = | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | Fees Paid (\$) |
| Other (e.g., late filing surcharge): 1401 Notice of appeal | | | | | | | 250.00 |

| | | | |
|---|---|---------------------------------|--|
| SUBMITTED BY | | | |
| Signature  | Registration No. (Attorney/Agent) 48,751 | Telephone (415) 268-6846 | |
| Name (Print/Type) Otis Littlefield | Date June 16, 2005 | | |

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PTO/SB/31 (09-04)

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 500862002200 | |
| 06/17/2005 HTECKLU1 00000062 031952 09623543 01 FC:2401 250.00 DA | | In re Application of Dominique P. BRIDON et al. | |
| | | Application Number 09/623,543 | Filed September 5, 2000 |
| | | For LONG LASTING ANTI-ANGIOGENIC PEPTIDES | |
| | | Art Unit 1642 | Examiner A. M. Harris |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>250.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)</p> <p><input type="checkbox"/> attorney or agent of record. Registration number _____</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>48,751</u></p> <p style="text-align: right;">  Signature Otis Littlefield Typed or printed name (415) 268-6846 Telephone number June 16, 2005 Date </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> | | | |

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Dated: June 16, 2005

Signature:  (Leah Kjellen)

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